

State of New Hampshire

2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/25/2014

Business ID: 10189

William M. Gardner

Secretary of State

CATE AND JOHNSON FUNERAL HOME, INC.

573 PINE ST

MANCHESTER, NH 03104

ADDRESS OF PRINCIPAL OFFICE:

573 PINE ST

MANCHESTER, NH 03104

REGISTERED AGENT AND OFFICE:

KALINSKI, ALEXANDER J, ESQ

1436 ELM STREET

MANCHESTER, NH 03101

ENTITY TYPE: CORPORATION

BUSINESS ID: 10189

STATE OF DOMICILE: NEW HAMPSHIRE

FUNERAL HOME

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Mark A Johnson
STREET 573 Pine Street
CITY/STATE/ZIP Manchester Nh 03104

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Mark A Johnson
STREET 573 Pine Street
CITY/STATE/ZIP Manchester Nh 03104

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

mark a johnson

Please print name and title of signer:

mark a johnson

/

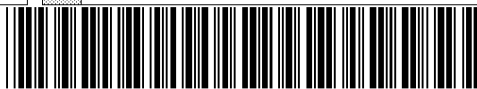
DIRECTOR

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



1018920141007

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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